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REPORT ON COLLABORATIVE PROGRAMMING ACTIVITIES OF UNICEF AND UNFPA

Joint Report of the Executive Directors of UNICEF and UNFPA

SUMMARY

This joint report of the Executive Directors of UNICEF and UNFPA on collaborative programming activities of UNICEF and UNFPA is submitted in response to Governing Council decision 90/35, which requested the Executive Director to submit a joint report, based on specific country studies, to the thirty-ninth session of the Council. The report comprises five sections. The first examines the need and rationale for close UNICEF/UNFPA collaboration. The second part of the report analyses past and existing collaborative programming activities at the country level, based on case studies conducted jointly by UNICEF and UNFPA in selected countries in all regions, and in consultation with other relevant United Nations organizations, notably WHO and the International Bank for Reconstruction and Development. This section reviews lessons learnt in collaboration in specific substantive areas and examines programming processes. The third section of the report reviews headquarters-level collaboration in support of country programming. In the fourth section, collaboration between UNICEF and UNFPA is placed in the broader context of the overall United Nations system and other donors. The final section outlines specific steps that UNICEF and UNFPA have agreed to undertake to further strengthen collaboration. This joint report will also be presented by the Executive Director of UNICEF to the UNICEF Executive Board in June 1992, in response to Executive Board Decision 1990/36.

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INTRODUCTION

1. This report has been prepared in response to Governing Council decision 90/35A, which requested the Executive Director to submit to the Council at its thirty-ninth session a joint report on collaborative programme activities with the United Nations Children's Fund (UNICEF) and -- as far as possible -- other organizations, notably the World Health Organization (WHO) and the International Bank for Reconstruction and Development (hereinafter the World Bank). The report is also in response to UNICEF Executive Board decision 1990/36, which requested the UNICEF Executive Director to submit to the Board at its regular June 1992 session a joint report on collaborative activities with UNFPA.

2. This report has been jointly prepared by UNICEF and UNFPA. As requested by the Governing Council, it takes into account specific country studies, which have been carried out by selected field offices of the two organizations, in consultation with other concerned organizations, particularly WHO. The joint effort required to prepare this report has, in and of itself, further strengthened the links between UNICEF and UNFPA, and suggested several additional measures that the two organizations can implement to improve collaboration further. These measures are outlined in the last section of this report (para. 73). This report should therefore be viewed as part of the process to facilitate and accelerate collaboration and to ensure that it becomes an integral part of the activities of each organization.

3. UNICEF and UNFPA believe that this report, with its country-based studies, fits positively into the growing tendency within the United Nations system to give increasing recognition to aid coordination and development cooperation as reflected, inter alia, in the landmark General Assembly resolution 44/211. Such recognition is based on the premise set forth by the General Assembly, and fully endorsed by both UNICEF and UNFPA, that Governments have the primary role for coordination at the national level. UNICEF and UNFPA, like other partners in the development process, assist Governments, upon request, in strengthening national capacities in this respect. This study, therefore, seeks to identify ways in which UNICEF and UNFPA, in cooperation with all others concerned, can better collaborate "in order to enable the recipient Governments to exercise their management and coordination responsibilities and strengthen their national capacities" (resolution 44/211, para. 14).

4. It is understood throughout this report, in discussing UNICEF and UNFPA collaboration in the areas relevant to health, that such collaboration takes place in the context of the policy and technical framework established by the governing bodies of the World Health Organization. Even where not specifically noted, the technical content, norms, standards and strategies of activities to develop health programmes, both with respect to maternal and child health and family planning (MCH/FP) in particular and primary health care in general, are those established by the WHO and its governing bodies. In this context, the collaboration of UNICEF and UNFPA with WHO has a qualitatively different status from the collaboration or participation among other agencies or organizations within the United Nations system, and is reflected in the close linkages between the three, as described in this document. This report should also be read in the context of the ongoing work by UNICEF and UNFPA to actively support important collaboration initiatives of the Office of the Director-General for Development and International Economic Cooperation (DIEC), the role of the Resident Coordinators at the country level and the initiatives of the Joint Consultative Group on Policy (JCGP).

5. The present report contains five sections. The first section reviews the need and rationale for maintaining close collaboration between UNICEF and UNFPA. The second and main part of the report examines past and present experience in collaborative programme activities at the country level and analyses programming processes as facilitating and constraining such collaboration. The third part of the report examines collaboration at the headquarters level, including the ways in which such collaboration supports collaborative action at the country level. In the fourth section, UNICEF/UNFPA collaboration is placed within the wider context of development cooperation, examining the important links and roles of a number of other agencies and organizations. The last section of the report outlines a number of measures agreed to by UNICEF and UNFPA to further strengthen collaboration. The report also contains an annex highlighting the common goals for WHO, UNICEF and UNFPA, adopted by the three organizations in May 1990.

I. NEED FOR COLLABORATION

A. Emerging trends in UNICEF and UNFPA

6. Both UNICEF and UNFPA have been rapidly evolving over the last decade in response to changing needs of the countries they assist and to the lessons learnt from past programming experiences. In the case of UNICEF, this evolution has led to a focus on goals and strategies for improving the health and welfare of children as the basis for guiding the organization's work and for assessing its achievements. As a result, UNICEF is committed to playing an important role in helping developing countries to attain an ambitious but achievable set of goals. Achieving these goals is far beyond the capacity of UNICEF alone -- the goals are wide in scope and large in scale -- and requires maintaining close links with organizations that have mandates in areas complementary to that of UNICEF.

7. As the UNICEF management and Executive Board have clearly recognized, UNICEF depends on a series of "strategic alliances" -- close links with partners able to add to or complement UNICEF's own activities. Close collaboration with UNFPA should be and is clearly an integral part of this approach. UNFPA's population activities complement and reinforce UNICEF's own work. Some areas of UNFPA's mandate, however, extend beyond UNICEF's into activities that are necessary elements of achieving the goals and strategies of the Declaration and Plan of Action of the World Summit for Children. Along these lines, in 1990, UNICEF's Executive Board passed a Resolution on Family Planning (1990/7) which recognized the positive impact of family planning on the well-being of mothers and children and the necessity of "full cooperation in the field of family planning with other relevant United Nations programmes, each within its own mandate, notably those of UNFPA and WHO". Similarly, as part of this effort, UNICEF welcomed the request of both the UNDP Governing Council and its Executive Board to prepare a joint study of UNFPA/UNICEF collaboration.

8. In a similar vein, UNFPA has also considerably evolved over the last decade. It has intensified its focus on the underlying determinants of population trends, such as those that concern the role and status of women. Further, in its work in the MCH/FP field, UNFPA has continued to shift to a broader and more analytical approach to programme development, one based on careful evaluation of past achievements and constraints and formulation of an overall long-term population strategy. The UNFPA Executive Director has long promoted such a comprehensive approach to providing MCH/FP services within the context of overall primary health care, focusing UNFPA inputs on reproductive health, including family planning. Close

coordination with all organizations and donors active in the field has become a cornerstone of UNFPA programming. As a result, UNFPA also warmly welcomed the Governing Council's request for a joint study.

B. Complementarity of UNICEF and UNFPA

9. It is the philosophy of the United Nations system's operational activities, as set forth in General Assembly resolution 44/211, that coordination is ultimately the responsibility of the recipient Government and that to support that responsibility, the United Nations system must have effective interagency collaboration. In order to ensure a coherent response to national plans and priorities, United Nations organizations should actively seek complementarities in their respective mandates and operations and adopt more integrated and coordinated programmes of development cooperation. In short, they should "increase their efforts directed towards integrated programming under the leadership of Governments" (44/211, para. 17(f)).

10. The activities reviewed for this report clearly show that this philosophy is particularly relevant for UNFPA/UNICEF efforts. In each of the fields of activity they share, UNICEF and UNFPA provide only a small portion of overall expenditures (and indeed only a small portion of external resources). At the same time, the two organizations share much in common and have many areas of mutual reinforcement in their respective mandates. By emphasizing, for clarity's sake, the obvious areas of complementarity (and by systematically analysing and presenting ways to enhance that complementarity), UNICEF and UNFPA can greatly enhance a Government's ability to achieve its development priorities.

11. Within the United Nations system, Member States have defined the role of WHO as the directing and coordinating authority on international health work, and in the field of health WHO is required to provide technical cooperation. UNICEF has been identified as the lead agency within the United Nations dealing with all matters related to children and their needs. The responsibilities of UNFPA have been defined in terms of building up capacity to respond to needs at all levels in the population and family planning fields, of promoting awareness of population problems, of providing assistance to developing countries at their request and of playing a leading role in the United Nations system in promoting and coordinating population programmes.

12. In the field of MCH/FP, the objectives of WHO, UNICEF and UNFPA converge in relation to goals for women and children in the 1990s. As is illustrated in the annex, WHO, UNICEF and UNFPA agreed in May 1990 on common goals in the areas of MCH and FP for the year 2000, based on the Declaration of the World Summit for Children and the Amsterdam Declaration, adopted by the International Forum on Population in the Twenty-first Century.

13. In addition to complementarity of goals, UNICEF and UNFPA support many complementary or similar activities. This convergence is further reinforced by the fact that both organizations draw upon the same consistent source of technical and policy guidance from WHO. Thus, both organizations provide training for various categories of health personnel, seek to sensitize potential providers of care outside the health sector, and strengthen the networks that provide health services and improve the quality of health care. Similarly, UNICEF and UNFPA emphasize the community-based delivery of services and engage in a wide range of awareness creation, social mobilization and education activities, often targeting the same parents and couples, service providers and communities at large. Since related target groups are being reached by UNICEF and UNFPA, this provides an excellent opportunity to synchronize and coordinate these efforts so

as to help Governments deliver a more comprehensive package of integrated interventions and so that the inputs of one organization reinforce those of the other. For example, UNICEF programmes related to immunization, diarrhoeal diseases and respiratory infections should also be part of an overall national primary health care plan, including its MCH/FP component. Likewise, where UNFPA supports family planning interventions, these should be part of a comprehensive national MCH/FP strategy.

II. FIELD LEVEL COLLABORATION

A. Programme processes

14. UNFPA and UNICEF share a number of similarities in structure and in programming processes, which can contribute significantly to effective collaboration. There are also some institutional differences. In some cases, these present potential obstacles and thus require special attention to overcome them. In other cases, the differences in mandate, structure or programming processes can actually enhance the impact of collaboration.

Field structure

15. While the size of UNICEF and UNFPA staff and programmes differ considerably at headquarters and in the field, UNICEF and UNFPA share a similar institutional structure -- a focus on country-level activities administered through a network of country offices, with a support role for headquarters. To illustrate the point, one should note that UNICEF has over 85 per cent of its staff in the field and UNFPA 70 per cent. The value of this decentralized country-focused approach and its contribution to interagency collaboration cannot be overestimated. This field orientation differentiates UNFPA/UNICEF collaboration from that between each organization and some of the other significant partners in the MCH field, such as WHO (which has a combined headquarters and regional structure) and the World Bank (which has a more headquarters-based structure). In the case of the latter two organizations, the lack of substantial field presence has proven to be a significant impediment to common action. However, as has been demonstrated in Bangladesh, for example, with a willingness and sense of common purpose, such differences in structure need not always be an obstacle to coordinated country support. It may also be that by "teaming up", UNICEF and UNFPA can more easily coordinate activities with other partners (e.g., a common initiative that is larger than individual efforts may justify travel or other types of links with other organizations' regional offices or headquarters).

16. In addition to its country-based approach, UNICEF sometimes has suboffices within a country and does programming at the provincial or state level (e.g., Sudan and India). The fact that UNFPA is less frequently based at this level (it has fewer staff and a smaller programme) has been cited as an obstacle to communication. Furthermore, UNICEF has regional offices for backstopping country activities, whereas UNFPA does not. It is felt that these divergencies, while real, can be turned to an advantage. UNICEF's greater presence at subnational levels can open new channels for UNFPA assistance -- if the two organizations make special efforts to establish links that bridge the physical distance. It is the intention of both Executive Directors to establish special mechanisms to achieve this.

17. The different size of field offices is a marked distinction between the organizations. For example, in India, UNICEF has 110 Professionals (in 13 offices), while UNFPA has 3 Professionals (all based in New Delhi). In Sudan, UNICEF has 30 Professionals (including provincial offices) while UNFPA has 3

Professionals (all in Khartoum). Contrasts in the level of field staff also exist. In some cases, this can prove to be an obstacle, particularly since interagency collaboration is labour intensive and especially draws upon senior management time. While these differences necessitate a sense of realism regarding the potential scale of common activities, at the same time such differences -- if properly addressed and taken into account -- can produce a positive impact in areas of common focus. For example, UNICEF's size and decentralized approach permit it to undertake local procurement -- the procurement of national goods for the country programme (it also procures national goods for country programmes in other developing countries). This is often highly cost-effective and helps ensure the provision of supplies suited to local needs. UNFPA and UNICEF intend to strengthen this form of collaboration.

Programming processes

18. While UNICEF and UNFPA have had somewhat dissimilar approaches to programming, the evolution of UNFPA's programming process over the past few years has significantly narrowed these differences. Both UNICEF and UNFPA have increased their focus on a country-programme approach. For UNICEF, this approach emphasizes the establishment of clear programme goals, with monitorable impact targets. Assistance is then channelled, in a highly flexible manner, to those activities that have the greatest potential impact. Overall, the emphasis is on "management by objective" in which UNICEF assistance is formulated and assessed on the basis of the ultimate impact it will have, usually on a national scale. Thus, there are no "UNICEF projects", nor does UNICEF execute projects. Rather, UNICEF assistance contributes a small but (it is hoped) highly catalytic part to government programmes.

19. In UNICEF, the focus is on country programmes, through which some 90 per cent of UNICEF's assistance is provided, usually in a five-year framework. The process of preparation typically takes 18 months, beginning with an analysis of the situation of children in the respective country. This Situation Analysis reviews the priority needs of children and the strengths, weaknesses, and gaps in the national response to meet these needs. Then follows work with the Government (along with other partners) on a strategy of response in which goals and objectives for the 1990s become a critical element. Consensus goals at the international level, especially those set forth in the Declaration and Plan of Action of the World Summit for Children, are particularly drawn upon. Only at the end of this process comes the planning of how UNICEF's own limited resources can best be used in support of, and sometimes as a catalyst for, the main thrusts of national action.

20. For UNFPA, the programme approach stresses the importance of establishing an overall national population programme framework with long-term national objectives. Such a framework provides the much-needed coherence for all inputs, both from Government and all donors, in the national programme. The programming process is very similar to that of UNICEF, starting with a Programme Review and Strategy Development (PRSD) exercise to assess progress made during the previous country programme, determine national issues and needs, identify constraining factors, and develop an overall strategy to address such needs. The PRSD process is a collaborative UNFPA/Government exercise, undertaken in close coordination with all other donors and NGOs active in population and related activities in the country, aiming at reaching a consensus on a comprehensive strategic framework for a national programme. Like UNICEF, UNFPA refers in this process to the consensus goals and objectives on population issues reached at the international level, particularly those embodied in the Amsterdam Declaration.

21. Beyond programme formulation, UNICEF and UNFPA policies and procedures differ in terms of programming decisions and release of funds for specific activities. The UNICEF field office has considerably more decentralized authority in this regard than the UNFPA field offices. UNICEF and UNFPA also differ in how they deliver their assistance. For example, UNICEF implements its programmes through the Government, whereas UNFPA relies on a broad range of executing agencies, including the Government, United Nations specialized agencies, and NGOs. Furthermore, the two organizations often have different government counterparts. UNFPA's overall government counterpart is the aid coordinating ministry, often the Ministry of Planning. UNICEF usually deals directly with sectoral ministries.

22. Overall, the review carried out for the present study indicates that each organization does consult and participate in the other's programme review and planning meetings. However, there is considerable potential to expand and systematize such consultation and participation. As part of this effort, the JCGP organizations (which include UNFPA and UNICEF, along with UNDP, the International Fund for Agricultural Development (IFAD) and the World Food Programme (WFP)) have agreed to harmonize their programming cycles around government planning cycles. Already, several rounds of adjustments of programming cycles have been undertaken, and this will be a continuous effort. Both UNICEF and UNFPA have collaborated closely with WHO in the developing and testing of various programming and evaluation approaches and methodologies in a number of countries. These efforts will be continued and further strengthened.

Programme reviews/situation analyses

23. Both organizations emphasize the role of an extensive and explicit assessment of the situation as the first step in programming and in channelling assistance to national efforts. Fundamentally, both organizations carry out these assessments in a similar manner (including drawing upon a mix of in-country staff, national consultants and international expertise). Naturally, each organization's assessments focus on areas of their programme activities, and in many cases these will differ. However, there is a common core of activities in the MCH/FP field, and both organizations increasingly seek to consult each other during the programme review/situation analysis stage. This will become more meaningful and helpful as UNICEF and UNFPA not only synchronize their programming cycles in a greater number of countries, but also issue guidelines instructing field offices to seek every opportunity to collaborate with one another.

Support to government efforts to establish and achieve goals and strategies

24. For both UNICEF and UNFPA, national plans, including national goals and strategies, are a fundamental starting point for their programme efforts. Such plans contain a number of areas in which the two organizations could collaborate more effectively to help support government efforts. In some cases, such collaboration may be limited by the fact that the two organizations frequently work with different ministries or with different sections of the same ministry. However, this could also prove to be an advantage, since the common support and advocacy efforts of the two organizations may then support and have an impact on a broader spectrum within the national government.

25. At the international level, both organizations share a common set of goals and strategies that are drawn upon to help support national efforts. The country studies carried out by the field offices confirmed that the goals and strategies of the Declaration and Plan of Action of the World Summit for Children, along with the principles of the Amsterdam Declaration, serve as useful reference points for providing support to

national endeavours, and such directions have been spelled out in a joint WHO/UNICEF/UNDP/UNFPA letter of February 1991 issued by the chief executives of the four organizations in support of greater collaboration in the field of MCH/FP.

26. UNICEF and UNFPA's experiences have also shown that there are a number of key entry points to be supported if national goals are to be achieved. These include the national programmes of action that are being prepared to implement the commitments made as part of the World Summit for Children. A number of the goals of the Declaration and Plan of Action of the Summit are central to UNFPA and UNICEF's concerns. This is well illustrated, for example, in the interagency agreement in the Latin America and Caribbean region, which also includes the Pan American Health Organization (PAHO), the United States Agency for International Development (USAID) and others (see para. 54). Both UNICEF and UNFPA intend to actively support the preparation and implementation of these programmes, individually and as a collaborative activity.

27. The organizations also intend to focus on achieving these goals not only in their work with the sectoral ministries, but also in their support of Governments' overall development plans and policies. In particular, the two organizations plan to accelerate their efforts to collaborate in such undertakings as supporting human development initiatives, focusing on alleviating poverty, and establishing the necessary links between programme activities and national budget and resource priorities. In addition, both organizations can work individually and together to help mobilize international support to implement priority initiatives for human development in general and for the status of women in particular. UNFPA and UNICEF intend to collaborate in advocacy efforts in key fora such as World Bank donor consultations, UNDP Roundtables, and other formal gatherings where donor support can be mobilized.

Conclusion

28. Each organization has programming processes that are adapted (or are being adapted) to its particular needs and strengths. These processes are growing increasingly similar, and this should help promote collaboration. However, to ensure such collaboration both Executive Directors intend to issue guidelines that will emphasize the need for greater cross-participation in each other's programming processes. This cross-participation should begin at the earliest possible stage and explore common elements of situation analyses and programming, common areas of support to government projects, cross-participation in programme reviews and mid-term reviews, and common efforts in evaluation.

B. Collaboration in specific substantive areas

29. A review of the case studies commissioned for the preparation of this report and of other pertinent information shows that there are a number of concrete examples of successful collaboration and joint activities among Governments, UNICEF and UNFPA, as well as between each of these and other United Nations organizations, donors and NGOs. However, the review also pointed out that such collaboration is not systematic in all countries assisted by UNICEF and UNFPA, is still a rather small part of the programmes, and is not systematically reported on.

30. Collaboration among Governments, UNICEF and UNFPA seems to be most frequent in the area of MCH/FP, followed by IEC in support of MCH/FP. Examples of such collaboration are also relatively common in the area of women and development. Some, but clearly fewer, examples of cooperation can be

found in other areas, such as support for sectoral policy planning (e.g., population planning) and for youth programmes, among others. Lessons cannot be easily derived from these collaborative experiences, as many of them are rather recent. There is, however, a clear trend of increasing collaboration in that, for example, most recently formulated UNFPA country programmes now include collaborative activities with UNICEF, as this is now specifically recommended in UNFPA programme guidelines and checked at the time of programme review at UNFPA headquarters.

1. Maternal and child health and family planning

31. In the area of MCH/FP, collaboration between UNICEF and UNFPA has been more prevalent in training of various categories of health personnel than in other types of activities. Very often this collaboration has involved the training of traditional birth attendants (TBAs), including training in family planning. For example, in Nigeria and Sudan both organizations have provided complementary inputs to the same national TBA training programme. In the United Republic of Tanzania, both organizations jointly financed the training of health personnel; in Bangladesh, UNFPA is supporting training and UNICEF is providing complementary inputs for the same categories of health personnel (e.g., safe-delivery kits). In both Bangladesh and the United Republic of Tanzania, WHO has participated in this collaboration.

32. Training of health and medical personnel is clearly an area that would benefit from even more systematic cooperation not only between both by UNICEF and UNFPA but also among other donors active in the MCH/FP sector. At the initiative of the Government, and together with WHO, NGOs and other donors, this should start with a joint review of training needs. This would then be followed by the formulation of a comprehensive national training strategy that would accommodate within its framework the inputs of the various donors.

33. The case studies reveal a broad frame of collaboration providing complementary support for national MCH/FP programmes in some countries -- Bangladesh, Burkina Faso, China, Niger -- and particularly in the context of Safe Motherhood activities (Congo, Côte d'Ivoire, Mongolia, Niger, Philippines, Senegal, United Republic of Tanzania). The studies further indicate that an increasing number of countries have concrete plans for more substantive cooperation in the future (Brazil, Burundi, Guinea, Niger, Sierra Leone). For example, in Sierra Leone, UNICEF has been selected as the executing agency for a national MCH/FP project to be funded by UNFPA and modelled after the rather successful national expanded programme of immunization (EPI) supported by UNICEF. WHO will also provide technical inputs. Clearly, such efforts should be made more systematic.

34. A positive new joint initiative among WHO, UNICEF and UNFPA in Bangladesh involves a series of actions aimed at delaying age at marriage, delaying first births and lengthening the intervals between pregnancies. Bangladesh provides a good example of how both child health and maternal health/family planning benefit substantially when services are integrated in a comprehensive package rather than provided separately. In Bangladesh, the Government has played a leading role in coordinating the delivery of such integrated services, and different organizations have been resourceful in pursuing substantive and meaningful collaboration, giving national development needs greatest priority. In India, the Government, with UNFPA support, has included a family planning component into the integrated child development services supported by UNICEF. Also in India, the Government, together with UNFPA support, is planning a major integrated intervention in Haryana State, which seeks, inter alia, to improve the role and status of women by providing

incentives for families to enroll and retain girl children in school. If, as expected, UNICEF and others join to support this experiment, it can provide a powerful model for replication in other places.

35. Another promising new development in collaboration is taking place in Nepal, where UNICEF and UNFPA not only have synchronized their programming cycles, but also have jointly commissioned a special effort to increase systematic cooperation. This effort is aimed at establishing institutional mechanisms to improve coordination at all stages of the programming process, identifying concrete collaborative activities in the new programme cycle and creating better understanding among the field office staff about the policies and programmes of each organization. A survey was conducted among all UNICEF and UNFPA staff in Nepal, followed by a joint workshop. The workshop identified a number of areas suitable for collaboration in MCH/FP service delivery and training, as well as in IEC and advocacy. The goal is to test the effectiveness of the institutional mechanisms of collaboration that have been built into newly established selected projects. Nepal also provides another positive example of how UNICEF experience in immunization can contribute to other MCH/FP components. Indeed, the Government has agreed to incorporate family planning into its health activities, and village health workers have included family planning into their regular responsibilities. Both of these actions have greatly revitalized the country's family planning programme.

36. In some cases, UNICEF and UNFPA have collaborated to support the Government's efforts in developing and/or assessing programme strategies, and in conducting consultations on the status of the national health sector (Cuba, Indonesia, Uganda, United Republic of Tanzania, Yemen as well as in those countries covered by the Latin America and Caribbean region interagency agreement -- see para. 54). Yemen provides a recent positive example of both UNICEF and UNFPA taking an active role, together with the Government, in convening a national workshop on the Yemen National Population Strategy. The workshop underscored the complementarity of the goals of the World Summit for Children and those of the Amsterdam Declaration on population and family planning.

37. Yemen is also a good illustration of collaboration in various aspects of MCH/FP. It shows how close cooperation among a wide range of concerned parties -- the Government, UNICEF, UNFPA and a number of other organizations and donors -- has helped to place more emphasis on women's health and family planning within MCH services that had previously been almost exclusively targeted at serving infant and child health needs. Cooperation between UNFPA and UNICEF in Yemen has facilitated the Government's move towards a more comprehensive and integrated package of MCH/FP service delivery at all levels. UNICEF and UNFPA will support the Government's efforts to upgrade the managerial capacity of the national MCH/FP Department, will jointly sponsor training for paramedical staff using a unified training module and will coordinate UNFPA-assisted maternal health programmes with EPI and anti-diarrhoeal programmes supported by UNICEF. This comprehensive coordination of UNICEF and UNFPA programmes will also include interpersonal communication and IEC activities. UNICEF will provide support for the mass media component of the UNFPA programme.

38. The Government of China, UNICEF, UNFPA and WHO, as well as a non-governmental organization -- the Program for Appropriate Technology in Health (PATH) -- are working together to upgrade services at the grassroots level in 300 of the poorest, most remote counties in China. The principal objective is to strengthen the three tier -- county, township, village -- MCH/FP service delivery network. So far, in terms of substantive issues, this undertaking has been promising, and initial misunderstandings about financial, accounting and procedural concerns have been clarified. This experience shows that, before joint funding

is undertaken, great care should be taken to review and clarify in advance each organization's financial and accounting procedures, as well as to agree on roles and responsibilities.

39. A noteworthy area of collaborative activities is the increasing effort to implement Safe Motherhood programmes. There are now several countries, particularly in sub-Saharan Africa, that are initiating comprehensive activities to reduce maternal mortality by improving the quality and effectiveness of MCH/FP services, as well as by enhancing the status of women. Such collaborative activities are largely the result of the international and regional conferences on Safe Motherhood, which have been co-sponsored by a number of organizations, including UNICEF, UNFPA, the World Bank, WHO and UNDP. An excellent example of national-level follow-up action is provided by the Tanzanian Safe Motherhood Initiative, which has developed a National Plan of Action, with inputs, inter alia, from UNICEF, UNFPA and a non-governmental organization, Family Care International. This Plan of Action was among the basic documents used in the preparation of the new country programmes (1992-1997) of both UNICEF and UNFPA, with the two programmes providing common support for training of health personnel and with UNFPA undertaking special efforts to ensure quality family planning information and services in all of UNICEF's operational areas. The two organizations have also agreed to cooperate more actively in ensuring the availability of gender-specific data and of information pertaining to child and maternal mortality.

40. Useful lessons can already be derived from the experience in the United Republic of Tanzania, not the least of which is to show that meaningful and concrete collaboration can be achieved at the field level when all parties are committed to it, and it is done with care. The lessons also show that such collaboration is facilitated by synchronizing programme cycles and by supporting the development of a country-wide national MCH/FP strategy (in this case the Safe Motherhood Action Plan) which provides a coherent framework for all donor inputs. The Tanzanian experience reveals important constraints as well. These include, among others, a limited national capacity for effective coordination; differences in operational policies, modalities and practices; and differences in the sizes of staffs among the various parties concerned.

41. Yet another concrete area for collaboration is the WHO/UNICEF Bamako Initiative, which seeks to revitalise and strengthen basic health delivery systems and to assist countries in the financing and delivery of essential drugs at the local level. Further to policy and technical exchanges between UNICEF and UNFPA at the headquarters level, UNFPA requested all of its field offices to carefully consider opportunities for cooperation with their UNICEF counterparts in the context of the Bamako Initiative. Only limited progress has been made so far, but there is potential for more extensive cooperation in future, particularly in conjunction with new programme and/or project cycles (Cameroon, Lesotho, Sudan, Zaire). Similarly, in the area of distribution of commodities, the efficient logistics networks supported by UNICEF provide an excellent ground for further cooperation. Some collaboration on the procurement, use and maintenance of vehicles and on the use of logistics networks have taken place in Burkina Faso and Nigeria, and a promising plan exists in Yemen to include contraceptive distribution as an integral part of the Government's EPI commodity-distribution network.

42. In the area of HIV/AIDS, both UNICEF and UNFPA support the lead role and efforts of the WHO Global Programme on AIDS (GPA). Nevertheless, there are only limited concrete cooperative activities at country level at present. In a few cases, UNICEF and UNFPA report the need for joint AIDS control and prevention strategies (Côte d'Ivoire, the Philippines, Sudan, Uganda). In the Philippines, UNICEF and UNFPA envisage a collaborative MCH/FP/AIDS prevention and control project, which would be the first of

its kind in the country. In Uganda, the two organizations have indicated the strong need to collaborate to support the Government in establishing a commission on AIDS.

2. Information, education and communication

43. The area of information, education and communication, which includes advocacy, awareness creation and social mobilization, is another important area with considerable potential for UNICEF/UNFPA coordination and collaboration. Some promising examples of such collaboration already exist. However, as in the case of MCH/FP activities, there is considerable potential for greater systematization and regularization of the process. It should not be left to depend upon specific initiatives by someone from the Government, UNICEF or UNFPA, and must not be ad hoc in nature and limited to a relatively small number of activities.

44. Among the positive examples, India, in the State of Rajasthan, provides a good case of successful collaboration achieved through purely informal means, but yet rather regular in nature, due to the strong commitment of the concerned government staff. The Government IEC Unit, supported by UNFPA, also coordinates IEC work with UNICEF and makes sure that, whenever possible, the activities of the two organizations complement one another. Active cooperation in IEC work has included such activities as providing health education in schools, producing training manuals and carrying out a joint advocacy campaign against child marriage.

45. Other examples of collaboration in IEC include planning meetings to coordinate IEC efforts (Burkina Faso), providing joint financing for IEC materials (Nigeria), and providing common inputs to specific campaigns, such as promoting breastfeeding (Bangladesh) and Safe Motherhood, and combating harmful traditional practices (Burkina Faso). While the IEC activities of UNICEF and UNFPA are rather similar in strategy, modalities and target audiences, UNICEF often has a comparative advantage in more effectively reaching target groups in remote and hard-to-reach areas. Many UNFPA field offices wish to take advantage of UNICEF's advocacy, social mobilization and communications/social-marketingcapabilities.

46. A number of countries (Brazil, Cameroon, India, Mexico, the Philippines) have indicated their intent to increase collaboration in IEC in support of Governments' efforts to produce information and education materials, to integrate population education and family planning messages into other health messages and to mobilize support for integrated MCH/FP interventions. The area of IEC also offers examples of potential collaboration with other organizations. For instance, in the area of school health education, the World Bank will support government efforts to upgrade the Directorate of School Health in Cameroon, while UNFPA will adapt manuals developed within the UNICEF-assisted programme and disseminate them widely.

3. Women in Development (WID)

47. As both organizations have long supported gender-sensitive activities, there are a number of collaborative ventures already under way, and most field offices see considerable potential to expand this collaboration. In Bangladesh, for example, a rather wide-ranging and interesting cooperation has taken place between UNICEF and UNFPA. The two organizations have established a WID network, jointly conducted the 1990 situation analysis of the "Girl Child" and together assisted the Government in making national planning more sensitive to women's concerns. Together with other organizations, UNICEF and UNFPA also called on the Ministry of Education to increase the number of female teachers and stressed the need for

higher enrolment and retention of girls. As for the future, UNFPA has concrete plans to further its collaboration with UNICEF's WID project in Bangladesh.

48. Other examples of existing collaboration include common support and complementary inputs to formulate WID policies (Jamaica), strengthen Women's Bureaus, increase women's literacy, expand and improve income-generation and undertake various MCH/FP-related activities (e.g. Safe Motherhood, combating harmful traditional practices). For the future, in Bangladesh, Nigeria and Sudan, UNICEF and UNFPA plan to collaborate on activities to enhance female literacy. In Nepal, the two organizations have agreed to collaborate on activities to retain girls in secondary schools. Moreover, it is hoped that the integrated development project recently developed by UNFPA and the Indian Government in the State of Haryana will become a model not only for interagency collaboration, but also for improving the status and welfare of women and for integrated development in general.

4. Other areas

49. Other examples of collaboration include support to government studies on infant and child morbidity/mortality and on knowledge-attitudes-practice (KAP) of family planning (Tanzania, Zambia) and collaboration on other studies, such as that of living conditions in Jamaica during the period of structural adjustment. While these may seem to be rather small-scale activities, they may prove to be effective models for future cooperation on a specific, well-defined and manageable activity. Data collection for use in policy formulation has received complementary financial support in a surprisingly small number of cases. A welcome example is provided by Mozambique, where UNDP, UNICEF and UNFPA specifically planned to provide complementary inputs in conjunction with UNFPA assistance to establish a Population Planning Unit within the National Planning Committee. UNICEF then provided funding for data collection and analysis regarding women and children, and UNDP supported another component within the same overall national activity. In policy formulation and advocacy, UNICEF and UNFPA provided support to establish a population committee of government legislators in the Philippines.

50. In the area of adolescents, UNICEF and UNFPA have actively sought to collaborate in Jamaica, notably to decrease teen-age pregnancies and assist adolescent mothers in the context of activities originally supported by WHO. Collaboration on behalf of adolescents, particularly young girls, should receive much more attention in the future and should become a priority area for cooperation, in line with the joint WHO/UNICEF/UNFPA policy statement on this subject. Some efforts in this direction are under way, for example in Brazil and in South Asian countries, to delay first births. Another area that should receive more attention in the future is population, environment and development activities. With UNICEF being involved in water and environmental sanitation, and UNFPA exploring the potential in all countries for interventions addressing specific issues concerning population and the environment, there is much room for effective collaboration in this new priority area.

51. In conclusion, it is apparent that, in a number of countries, UNICEF and UNFPA already have some experience in collaboration, and in most cases the UNFPA and UNICEF field offices can easily identify a large array of country-specific activities that would benefit from more extensive and regular collaboration. There is considerable potential for expanding and systematizing these efforts. The prerequisites to successful coordination is that such coordination must be country-specific and responsive to the specific needs in each case. Headquarters can provide overall policy support and take steps to reinforce factors that facilitate collaboration and reduce existing constraints to coordination. The goal is to ensure that the strategies

pursued are in harmony with each other and that mutually supportive messages and interventions are promoted. This is most opportune at the planning stage of a new country programme. Experience also shows that, while greater collaboration is recognized as beneficial for programmes, benefits need to be pragmatically weighed against costs in time and staff resources. Such costs will be reduced as the cycles, procedures and modes of operation of the two organizations become more harmonized.

III. HEADQUARTERS-LEVEL COLLABORATION[1]

52. Headquarters-level collaboration falls into three categories: (a) the global policy leadership provided by senior management; (b) the specific thematic or sectoral policy initiatives that are the building blocks of the global efforts; and (c) collaboration in areas where headquarters units have a special role, such as public information and evaluation. Examples of all three categories are provided below.

A. Joint letter on common goals

53. In February 1991, the Executive Heads of UNFPA and UNICEF along with those of WHO and UNDP signed a six-page joint letter on common goals, which was addressed to their staff. The joint letter emphasized the need to strengthen interagency coordination, particularly at the country level, and contained the list of common goals, which are annexed to this report. The letter stressed the need to support a number of activities, including those to enhance the administration and management of health systems; improve MCH/FP service delivery (including logistics); improve adolescent reproductive health; reduce maternal mortality; carry out situation assessments; strengthen data collection and analysis; improve the status of women; provide essential drugs (UNICEF and WHO) along with contraceptives (UNFPA); produce IEC materials; improve intervention technologies; and conduct impact assessments.

B. Latin America and Caribbean memorandum for interagency collaboration to support commitments made at the World Summit for Children

54. UNFPA and UNICEF, along with WHO/PAHO, the Inter-American Development Bank (IDB) and the United States Agency for International Development (USAID), have signed a Joint Memorandum of Understanding focusing on common efforts to address the specific needs of women, children, and adolescents in Latin America and the Caribbean, particularly in the MCH field at the country level. The Memorandum includes support for government-led coordination mechanisms, along with special efforts to support the National Plans of Action being formulated at the country level as a follow-up to the World Summit. The Memorandum then spells out measures to help promote and mobilize support for the commitments called for in the Declaration of the World Summit for Children, along with efforts to promote technical cooperation among developing countries (TCDC) and to help mobilize the necessary financial resources (nationally and internationally). The Memorandum is accompanied by a schedule of joint activities to be carried out in 1991 and 1992.

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[1] This includes also regional level collaboration.

C. Maternal and child health and family planning

55. There is notable collaboration in the areas of maternal and child health and family planning and of women's health in general at the policy and technical level at headquarters. This effort has been sustained by an ongoing WHO/UNICEF/UNFPA working group, with UNFPA serving as secretariat. The group is developing a number of joint policy statements, including one on the reproductive health of adolescents. Following an in-depth evaluation of the impact of extensive TBA training activities undertaken by all three organizations, WHO, UNICEF and UNFPA have formulated a joint policy statement on TBAs. Other joint policy statements are in progress (e.g., on MCH/FP and HIV/AIDS; breastfeeding and family planning).

56. UNFPA and UNICEF, working in close tandem with the World Bank, WHO, UNDP and others, have collaborated on various policy and programme activities in the context of follow-up to the Conference on Safe Motherhood, as well as the Conference on Better Health through Family Planning, both of which were held in Nairobi, Kenya, in 1987. For example, guidelines and various information materials have been collaboratively developed. UNFPA/UNICEF and WHO are also collaborating in the development of technical guidelines on breastfeeding, which look into factors enabling mothers to breastfeed -- such as the needed nutritional requirements, and workload and time constraints. These technical guidelines are one of the concepts forming the basis for UNICEF's "Baby Friendly Hospital Initiative", for which UNFPA collaboration is important.

57. Consultations have been held between UNICEF and UNFPA on how to strengthen collaboration in the Bamako Initiative, as well as in the essential drugs programmes. In the area of HIV/AIDS prevention, the respective focal points in UNICEF and UNFPA are in close contact and coordinate their work within the overall framework provided by the WHO/GPA. WHO, UNICEF and UNFPA have collaborated in the preparation of technical and managerial guidelines on AIDS and family planning and on AIDS and on maternal and child health. Furthermore, the preparation of an interagency joint statement on HIV/AIDS is under discussion.

D. Statistics

58. Generating country-specific statistics for use in monitoring human development is an important area of involvement for both organizations. In order to help support accelerated progress in the area of human development statistics and monitoring, an Interagency Monitoring Group has been formed, involving UNFPA and UNICEF, along with the United Nations Statistical Office (UNSO) and UNDP. Five country missions have been carried out in 1991 to assess the extent to which various countries have been able not only to generate specific data, but also to use such data to monitor human development. Individual country reports (Ecuador, Kenya, Mali, Mexico and the Philippines) have been produced, as has a global report synthesizing the findings of all five missions. It is hoped that missions to three other countries, Bangladesh, Morocco and Yemen will be completed this year.

59. In addition, both UNFPA and UNICEF are individually supporting WHO in developing information on maternal mortality, including support for further developing the maternal mortality database maintained by WHO and for producing publications, the latest of which is Maternal Mortality - A Global Factbook (September 1991). UNFPA and UNICEF intend to collaborate more actively with one another in the support each organization now provides to activities in this important area. UNICEF and UNFPA will thus step up their collaboration in the Pan Arab Project for Child Development (PAPCHILD) surveys in the Middle East and North Africa region. These surveys are directed at obtaining a broad range of population

and health-related data at the national and subnational level, and cover many mortality and health-related indicators needed for monitoring the progress made in realizing the goals set at the World Summit for Children.

60. Another area of future collaboration being pursued at the global level between UNFPA, UNICEF, UNDP and the UNSO is the modification of the National Household Survey Capability Programme. It is hoped that the Programme will assume a major role in monitoring social progress in human development. The organizations concerned will form a support group that will both serve as a forum to discuss and develop tools for monitoring, as well as to provide the substantive basis for practical technical support to countries.

E. Women

61. The role of women in development has been an important and growing area of focus for both organizations. In order to support advocacy efforts, it was felt that a publication that brought together factual information from a variety of sources into a single document would be useful. The result was an interagency collaborative effort that produced the highly successful and useful publication entitled The World's Women 1970-1990: Trends and Statistics. The analysis and subsequent publication involved the substantial collaboration and support of the United Nations Statistical Office, the Division for the Advancement of Women, UNICEF, UNFPA and UNIFEM. Both UNICEF and UNFPA see education as a priority goal as well as a key to progress in expanding the use of MCH/FP services in raising the status of women. UNICEF and UNFPA headquarters staff both participate in the Task Force of Donors to African Education, the Working Group on Female Education, and the non-governmental organization Education For All Network.

62. Considerable collaboration at the headquarters level related to women's issues is taking place in the context of the JCGP subgroup on women in development, which promotes and exchanges information related to WID and facilitates substantive collaboration, taking advantage of expertise and opportunities in each partner organization. Two major concerns of this subgroup in the recent past have been the preparation of an issues paper on Women and Structural Adjustment and the organization of the WID training seminar for senior-level field staff and government counterparts, which took place in October 1991 in Yaounde, Cameroon. UNICEF and UNFPA also collaborated with the Secretariat of the United Nations Conference on Environment and Development (UNCED) in the preparation of a symposium entitled "Women and Children First", which was held in Geneva, May 1991. The symposium examined the impact of poverty and environmental degradation on the health and welfare of women and children. It assessed their real and potential contributions to sustainable development, with a view towards UNCED Agenda 21, which will serve as a blueprint for action into the twenty-first century, to ensure sustainable development, and The Earth Charter, containing general principles and obligations on sustainable development to be adopted at the Conference.

F. Information, education and communication

63. An interagency working group of representatives of the information divisions of both UNICEF and UNFPA, together with that of WHO, is ongoing and focusing at present on developing a set of posters to convey selected joint MCH/FP messages. This working group has also prepared a travelling panel exhibit on common goals of the three organizations. Headquarters technical officers on education in both UNICEF and UNFPA are in close contact to promote field-level collaboration, in particular in the area of adolescent

reproductive health. Possibilities are also now being explored for greater use by UNFPA of social mobilization techniques developed by UNICEF.

64. There are a number of other areas in which UNICEF and UNFPA continue to collaborate at the headquarters level in support of country programmes. These include, for example, activities addressing the social dimensions of structural adjustment, environmental issues, and staff training. Many of these are also addressed and reinforced within the JCGP and its subcommittees.

IV. COLLABORATION IN A WIDER CONTEXT

65. Collaboration between UNICEF and UNFPA must be seen in a wider context in which a number of organizations -- multilateral, bilateral and non-governmental, working together with the Government -- contribute towards common goals of sustained development. Improving coordination of UNICEF and UNFPA programme activities therefore does not take place in isolation, but is rather part of a larger process initiated and led by the Government and includes other donor activities. It is therefore critical that UNICEF/UNFPA collaboration be of the sort that naturally strengthens and supports the Government's capacity to coordinate external assistance. Likewise, UNICEF and UNFPA emphasize multiparty rather than bilateral arrangements. Key partners such as WHO, the World Bank, UNDP, WFP, other multilateral and bilateral agencies and NGOs must be part of a collaborative UNICEF/UNFPA effort if such an effort is to have the fullest possible impact.

66. Strengthening collaboration between UNICEF and UNFPA occurs in a setting where a number of others make important contributions to the sectors of common concern, i.e., health, education and women in development. For example, the World Bank and bilateral donors, such as the Canadian International Development Agency (CIDA) and USAID, provide sizable financial inputs, often larger than those of UNICEF and UNFPA. At the same time, the work of UNICEF and UNFPA must be viewed together with that of WHO in assisting Governments in defining health policies and technical norms and with that of the United Nations Educational, Scientific and Cultural Organization (UNESCO) in the field of education. Likewise, collaboration between UNICEF and UNFPA, together with others, takes place within the coordination setting promoted by the United Nations Resident Coordinator. The importance that the Government attaches to coordination and the effectiveness of government coordination mechanisms, as well as of other such mechanisms, such as those of the United Nations Resident Coordinator, can promote or hinder collaboration between any two or more partners and the Government in a significant way.

67. Recently, the Administrative Committee on Co-ordination (ACC), based on the work of its Consultative Committee on Substantive Questions/Operational Activities (CCSQ/OPS), issued guidelines aimed at strengthening the functioning of the Resident Coordinator system. Many of these could have a beneficial impact on the measures spelled out in this report. For example, the Resident Coordinator is called upon to form country-level subgroups focusing on specific themes, to be chaired by the party best able to carry out this function. Similarly, the Resident Coordinator has been asked to make sure that there are regular interagency meetings focusing on substantive programme issues. It will be extremely helpful if the Resident Coordinator system can be used to help support the objectives set out in this report.

68. The large number of parties involved in the sectors in common between UNICEF and UNFPA (e.g., health, education, women) all pursue various initiatives aimed at bringing about greater coordination and complementarity of programme activities. Among United Nations operational organizations, for example,

the Joint Consultative Group on Policy (UNDP, UNICEF, UNFPA, WFP and IFAD), is making considerable headway in harmonizing programming procedures, synchronizing programming cycles, and coordinating a number of other important activities at the country as well as headquarters level. Both UNICEF and UNFPA actively participate in and promote the JCGP process.

69. Several other coordination and consultative mechanisms exist, such as the UNDP Roundtables and World Bank donor consultations. For these to be effective, all concerned parties need to participate in the consultations. For its part, UNFPA has a mandate to assist in the coordination of population-related activities within the United Nations system and at the country level whenever it is so requested by the Government. This function has been expanding as population programmes have become more complex, inputs have grown and Governments, as well as other donors, have increasingly recognized the need to further improve coordination and have called upon UNFPA to facilitate such coordination.

70. Notable progress is being made in harmonizing programming cycles. For example, UNFPA and UNICEF (along with UNDP) have sought to harmonize their cycles with that of the Government. Evidence of this can be seen in the UNFPA and UNICEF country programmes submitted this year to the Governing Council and the Executive Board. Substantive results of this alignment should be more visible in a few years' time. Exchange of information and consultation are also reportedly taking place more and more at the country level. In an increasing number of cases, coordination of programme matters is becoming more substantive and effective. However, in many countries, for a number of reasons, this stage has not yet been reached.

71. Both UNICEF and UNFPA have made several special initiatives to strengthen coordination and collaboration with a number of other partners. For example, UNFPA and the World Bank have had, and continue to have, many high-level policy exchanges, followed by programme consultations. The focus has been on specific countries where the World Bank has large-scale inputs in the population sector. Similar consultations have been conducted between UNFPA and the regional development banks. UNFPA has also put emphasis on strengthening collaboration with NGOs and continues its close cooperation with WHO, as well as with UNDP. In a similar vein, UNICEF has an extensive array of mechanisms to ensure close collaboration with WHO, including a joint committee of their governing bodies (the Joint Committee on Health Policy) and extensive inter-secretariat meetings and consultations. Likewise, with the World Bank, collaboration has been strengthened through the processes related to the follow-up of the World Conference on Education for All and to areas such as sustainable maternal and child health systems in Africa. Special attention is also paid to collaboration with NGOs, and special mechanisms exist with a number of bilateral aid agencies in areas related to MCH.

72. As the review in section II.B. above indicates, various examples of collaborative programme activities, involving several donors and organizations, can be found. For the future, there are some additional promising examples which, if well implemented, will provide a better test of collaboration. However, overall, all donors need to collaborate with Governments in a more substantive manner, assisting first in an overall assessment of needs, then helping the Governments to develop national programme frameworks for specific sectors, e.g., health. Governments and donors would then be able to fit all inputs within this framework, which, by definition, would be in keeping with the strategies, approaches and priorities defined by the Government.

V. FURTHER ACTIONS

73. This report has discussed the large degree of complementarity between the mandates of UNICEF and UNFPA. In reviewing specific information on coordination of UNICEF and UNFPA activities, a number of positive examples can be found, as is illustrated in sections II and III above. In most countries, field office staff sometimes share information about each other's programmes and consult with one another periodically. In a number of cases, collaboration includes sharing of inputs to commonly or jointly supported activities. In a few countries, this collaboration is becoming more substantive and systematic, including synchronization of programming cycles, joint or shared assessment of needs and collaborative planning of an overall strategy and truly complementary programmes. Collaboration between UNICEF and UNFPA is expanding and should be an integral and systematic part of programming. Towards this end, UNICEF and UNFPA have agreed to implement measures to further improve coordination of country programmes as well as to promote policy-level exchanges. There is considerable potential to be achieved through strengthened common efforts, and these will be made a priority for both organizations. In some cases, this will be done on a bilateral basis. In many cases, successful collaboration will need to include WHO (given its coordinating authority for international health and its technical policy-making role), the World Bank (given the size of its activities), key bilateral and NGO partners, as well as other relevant United Nations organizations.

(a) The sequencing of measures to promote collaboration is important. UNFPA/UNICEF collaboration is best strengthened through first defining common, substantive goals that are priorities of the recipient Government. These should then be supported by strengthened links in each other's programming processes. To ensure this process, the leadership of the two organizations intends to formulate policy and assess implementation in a manner that helps encourage and institutionalize such collaboration.

(b) The National Programmes of Action to guide the implementation of the commitments made during the World Summit for Children (which are being prepared by national governments) in many cases can serve as an invaluable tool for country-level efforts being supported by UNFPA and UNICEF. They should therefore be actively supported. Likewise, the two organizations will cooperate closely in undertaking activities to achieve the goals of the Amsterdam Declaration and in carrying out country preparations for the 1994 International Conference on Population and Development.

(c) Both organizations will use their programming processes in a manner that supports collaboration and common effort. As needed, UNICEF and UNFPA will review their respective programming policies and procedures with a view to identifying and removing obstacles to collaboration. Harmonization and synchronization of programming procedures will go a long way towards improving coordination.

(d) Regular consultations during each other's programming processes will begin at the earliest stages and include cross-participation in programme review and strategy development (UNFPA) and situation analysis (UNICEF). This will provide the opportunity for UNICEF and UNFPA, along with WHO and others, to determine, together with the Government, priority needs and an overall national strategy for the sector concerned, and to define national objectives with reference to global-level consensus goals, such as those of the World Summit for Children and the Amsterdam Declaration on population. It will also provide an opportunity to collaborate on the National Programmes of Action for the implementation of the commitments made during the World Summit for Children.

(e) Field offices will be instructed to make regular and systematic use of collaborative efforts and common elements throughout the programming process. This will include the sharing of basic data and information as inputs to situation analyses and programming, to monitoring and evaluation activities and cross-participation in evaluation work, as well as collaboration in programme development, with a view to maximizing complementarities. Commonly supported activities will be encouraged and expanded. Country programme documents will clearly identify complementary and collaborative activities.

(f) Maternal and child health and family planning activities represent the largest single area of common endeavour. In cooperation with WHO and others, the two organizations intend to focus on:

- cross-participation in the development of an overall MCH/FP strategy within primary health care;
- provision of complementary support for integrated services at the community level, integrating MCH/FP with other components;
- collaboration to support government efforts to train health personnel and develop health information systems and supply and logistics systems.

(g) In cooperation with UNESCO and others, UNICEF and UNFPA will strengthen collaborative efforts in the area of primary school education, non-formal education, health education and population education, as spelled out by the Conference on Education for All (Jomtien, Thailand, March 1990). There will be particular priority given to women's education/literacy and the schooling of the girl child.

(h) Common efforts by the two organizations to improve the status of women through activities aimed at providing training for women, strengthening women's organizations, creating micro-enterprises and income-generating opportunities, and improving reproductive health and promoting Safe Motherhood will be strengthened.

(i) UNICEF and UNFPA will develop common elements in their social mobilization and information/communication activities. These would address such issues of common concern as Safe Motherhood, age at marriage, education of girls, mobilization of NGOs, protection of women and children from HIV/AIDS, the Baby Friendly Hospitals Initiative (BFHI) and other efforts to promote nutrition and breastfeeding. In many cases, WHO will be closely involved, because of its special technical role, for example, vis-à-vis BFHI and HIV/AIDS.

(j) These measures will be implemented through policy directives to field and headquarters staff. To help support these directives, UNICEF and UNFPA will also be incorporating them in common and individual training and orientation seminars. Moreover, successful implementation of collaborative efforts will be an important element in assessing staff performance.

ANNEX

Common Goals for WHO, UNICEF and UNFPA[2]

The following goals for the health and development of women and children are common to WHO, UNICEF and UNFPA. These goals reflect existing policies of our Organizations. With respect to WHO and UNICEF, they have recently been reviewed by the WHO/UNICEF Joint Committee for Health Policy and expressed as the WHO/UNICEF Common Goals for the next United Nations Development Decade. The most recent expression of these goals by UNFPA is found in the Amsterdam Declaration adopted by the International Forum on Population in the Twenty-first Century (6-9 November 1989, Amsterdam).

Each of our Organizations has additional policies bearing on the health and well-being of women and children. While these additional policies may not be expressed explicitly in the policies and programmes of the other agencies, they nonetheless are usually consistent with the approaches and objectives of the other agencies and, implicitly, are complementary to our common goals. We therefore draw your attention to these other policies as well, in order that our respective staffs are familiar with them and take them into account in the planning and implementation of coordinated and complementary support to national programmes for maternal and child health and family planning.

We have included under the rubric of "Goals" statements that many would consider as "Approaches". We have done this intentionally to emphasize the point that the processes by which the goals are attained are often as important as the goals themselves, particularly if the concepts of self-reliance and sustainability in development are to be realized.

1) Between 1990 and the year 2000, reduction of maternal mortality rate by 50 per cent;

2) Between 1990 and the year 2000, reduction of infant and under-5 child mortality rates in all countries by one-third or to 50 and 70 per 1,000 live births respectively, whichever is less;

3) Access by all couples, especially women, to family planning information and services, so as to avoid pregnancies that are too early, too late, too many or too frequent during a woman's reproductive cycle;

4) Enable virtually all women to exclusively breast-feed their child for four to six months and to continue breastfeeding with complementary food well into the second year;

5) By the year 2000, universal access to and completion of primary education by at least 80 per cent of primary school aged children, and reduction of adult illiteracy rate (the appropriate age group to be determined in each country) to at least half its 1990 level, with emphasis on female literacy;

6) The most urgent priority in education is to ensure access to, and improve the quality of, education for girls and women, and to remove obstacles that hamper their active participation.

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[2] As adopted in May 1990 by WHO, UNICEF and UNFPA